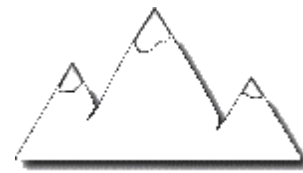


CONDUCTING KEY INFORMANT AND FOCUS GROUP INTERVIEWS



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Conducting Key Informant and Focus Group Interviews

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Conducting Key Informant and Focus Group Interviews

Effective assessment methods for identifying local health care needs and issues and solve problems

General Overview

Conducting Key Informant and Focus Group Interviews is designed to provide rural health care decision-makers with a concise how-to guide for tapping public opinion on local health care issues. This instructional booklet takes you, step-by-step, through the key informant (opinion leader) and focus group interview process, from preparing for interviews through reporting your interview findings.

Properly conducted key informant and focus group interviews can provide health care providers and decision makers with a deeper understanding of local perceptions of local health care services and issues. These two assessment techniques are also powerful community education and relations tools.

Unlike structured survey methods which require strict adherence to a set procedure to ensure the scientific accuracy of the results, key informant and focus group interview techniques are less rigid and concentrate more on revealing issues and underlying reasoning rather than on quantifying public attitudes and behavior. The more face-to-face nature of key informant and focus group interviews enable you to not only ask residents “what” are the issues, opinions, needs and so forth regarding local health care, but also to probe “why” they feel such issues, opinions and needs exist.

The interpersonal nature of key informant and focus group interviews allows for much give and take of information. Often during the course of an interview, issues raised will need clarification from you or the participant, or the participant will have a question about the health care system. Key informant and focus group sessions provide an outstanding opportunity to answer questions and clarify issues for an interested and influential audience.

Conducting these assessments can serve a community relation's role for your organization. By providing residents with a formal opportunity to express their views, your organization is making a strong statement of its interest in the attitudes of those it serves. Still, the manner in which you respond to the issues raised will ultimately demonstrate your respect for, and commitment to community involvement in the health care system.

The matrix on the following page highlights the strengths and limitations of key informant and focus group interviews in respect to other information gathering and information sharing techniques.

PART ONE

KEY INFORMANT INTERVIEWS

II. Preparing for Key Informant Interviews

The value of the information you gather through key informant and focus group interviews depends on the interviewer's ability to communicate the quality of the questions, and selecting the appropriate participants.

Communication

Listening is the most important communication skill for an interviewer. A common pitfall for interviewers, especially when interviewing less conversant participants, is to talk too much and too often during an interview. When this occurs, you can not be certain whether the information gathered is truly the participant's opinions or a mix of the comments and your biases. Once you ask a question, allow the participant a comfortable amount of time to think and respond, even if their silence is deafening. Most importantly, you want to actively listen to what they are saying.

The list on the following page includes the key elements to active listening. Review the list and see if you are an active listener. By applying these elements of active listening in your interviewing, you will encourage better responses and improve your comprehension.



Active listening includes:

- ☐ Taking interest in what participants say by relating what they are saying to how it affects you
- ☐ Focusing on what participants say and not on how they say it
- ☐ Not letting your attitude toward the participant or his/her beliefs distract or bias you
- ☐ Waiting to judge responses until after you clearly understand what they are saying
- ☐ Listening for issues, ideas and themes not just facts
- ☐ Observing participants nonverbal signals and using them to help interpret what is said
- ☐ Taking accurate notes but not allowing the note-taking to intrude on the interview
- ☐ Concentrating on listening and showing complete attention by using eyes, ears and body position to demonstrate attentiveness
- ☐ Resisting distractions
- ☐ Keeping an open mind by interpreting and not reacting to emotional words or controversial statements
- ☐ Asking additional questions for clarification
- ☐ Paraphrasing participants' comments to confirm accurate interpretation
- ☐ Asking "why"?

The Interviewing Tool

When conducting key informant and focus group interviews you will find it more useful to develop a question guide with general question areas rather than a series of specific, survey-type questions. For key informant and focus group interviews, you want to create a relaxed, conversational atmosphere in order to encourage spontaneous yet insightful responses. Avoid asking Yes/No type questions, for they fail to invite participant insight. Also avoid series of rapid-fire questions, for such questioning does not allow the participant time to reflect and may even place participants on the defensive.

Your interview questions should elicit insight. You want to craft questions which require the participant to think and to explain only what they think or perceive and why. Sample key informant and focus group interview questions and question guide are included in the Appendices A-C. The questions, contained in this guide have proven to be quite effective in encouraging open dialogue during interviews and focus group participants in numerous rural communities throughout the country.

If you choose to write your own questions, group related questions into specific question areas such as general health care issue questions, hospital-related questions, primary care questions, and so on. Grouping your questions will encourage a natural, conversational flow of information, keep your interview and the participant focused, and enable you to get more information in less time. You should then, put questions within each grouping in an order where one question will flow smoothly to the next. The sample question guide in Appendix A demonstrates a logical grouping and sequencing of key informant and focus group interview questions.

When you have completed a draft question guide, test it on a few colleagues to determine if the questions and flow of questioning encourage thoughtful responses. Rewrite questions which simply open and close the door on discussion. Rewrite or regroup questions which impede the flow of the interview, confuse your test participants or require too much clarification. For one-hour key informant and focus group interview sessions, you'll have time for about three or four question areas containing about three or four questions.

Selecting an Appropriate Interviewer

The interviewer for your key informant and focus group interviews should be someone who the community does not readily identify as an employee or outspoken supporter of the hospital, clinic(s), or any other specific part of the local health care system. An interviewer, who is closely associated with the health care system, may cause some participants to hold back opinions of the health care system. In some cases, the presence of such an interviewer may provide an irresistible opportunity for more vocal detractors of the health care system to attack the system rather than provide constructive comments. In addition, when health care system representatives conduct interviews, certain members of the community may doubt the credibility of the interview process and the sincerity of the organization sponsoring the interviews.

The Key Informant Interview Process

The key informant interview technique is a one-to-one interviewing process for gathering information from local opinion leaders.

This technique is particularly useful for:

- ◆ Involving residents in organization decision-making
- ◆ Raising community awareness about health care issues
- ◆ Learning minority viewpoints
- ◆ Demonstrating to community leaders the organization's interest in residents' view
- ◆ Gaining a deeper understanding of opinions and perceptions

Selecting Key Informants

Key informants are opinion leaders or informed opinion holders. They can be obvious local leaders such as elected officials, government officials, and business leaders, or they can be less obvious individuals such as someone who is very active with senior citizens or minorities and understands their health issues. For key informant interviews, you should search deep in your community for both kinds of opinion leaders. Often, less obvious leaders have more informed opinions or more representative perspectives than high profile community leaders. Still, do not exclude high profile leaders; they are usually sensitive to community opinion, and

often influence the attitudes of many residents in your area. Demonstrating your interest in their concerns is simply good community relations and sound politics for your organization.

When selecting key informants, you should strive to get broad-based community participation with representatives from different “sectors” of your community. Breaking your community down into sectors or groups will help you identify less obvious leaders and ensure a broad range of perspectives.

Sectors present in most rural communities include:

City and county government
Law enforcement
City and county elected officials
Retail trade
Service industry (banking, insurance, etc.)
Religion
Education
Major employers
Agriculture
Farming
Ranching
Breeding
Agri-business
Tourism
Health care
Physicians
Hospital
Emergency medical services
Counseling
Public health
Nursing home
Allied health providers (dental, optometry, chiropractics, etc.)
Seniors
Young mothers
Minorities
Major industry (manufacturing, timber, mining, etc.)
Major civic groups (parent-teacher groups, Rotary, Lion’s, area economic development group, etc.)

Recognizing, “when you’ve seen one rural community you’ve seen one rural community,” the above list should not be considered exhaustive.

There are probably several additional sectors or groups present in your community that are unique to your area of the country, and they should be added to this list. For example, in the Northwest, the timber is a major sector for many rural communities. But it probably will not make the list of key sectors for many communities out on the High Plains where the Wheatgrowers, Cattleman's Association or Grange are more prominent. In addition to broad sector representation, strive for a mix of health care providers and health care consumers, of men and women, of different age groups, and of residents from different locations within your service area. You should also seek diverse opinions, and interview both supporters and critics of the local health care system.

Once you have identified key sectors and groups, select one or two opinion leaders or persons from each who you believe can provide meaningful insight into their own and their sector's perceptions of local health care services and issues. For example, a bank representative can provide insight into how health care services are perceived by the service industry sector. Ask other members of your organization to help you identify key informants. Members of your organization's board of trustees (or directors) can be particularly helpful in this, for they offer more of a layperson's view of the community and may move in different professional and social circles than you or your employees. You will want to identify and conduct interviews with at least 25 to 40 key informants. Appendix C and D contain information on key stakeholders.

Arranging Key Informant Interviews

Select a one to two week period for conducting the interviews. Your daily schedule should consist of no more than six one-hour key informant interviews. When conducting more than six interviews in a day, you risk overloading or burning out the interviewer, which will negatively impact his or her ability to listen and record the information shared by the informants. You should allow 10-15 minutes between interviews for the interviewer to record post-interview notes and to relax. To accommodate the varying schedules of the key informants and provide them every opportunity to be interviewed, incorporate a flexible schedule. That is, offer interview appointments during the morning and afternoon on some days and in the afternoon and evening on others. Appendix E contains a sample script for talking to key stakeholders and Appendix F contains a sample Key Informant Interview Schedule.

To excite key informants about being interviewed and better ensure their participation, follow these steps:

1. The recognized leader of your organization contacts the key informants by phone or in person to explain the purpose and nature of the interviews and get the key informants to verbally agree to be interviewed.
2. A representative of your organization then contacts and schedules interviews, using an interview appointment schedule, with the key informants who agreed to be interviewed.
3. The recognized leader then sends to each key informant a personalized, combination thank you and confirmation letter on your organization's letterhead, including the date, time, and location of the interview (a sample letter is included in Appendix E).

Interview Setting

The key informant interviews should be conducted in a comfortable and quiet setting. A well-ventilated and well-lit room with two comfortable lounge chairs facing one another would be the most desirable setting. Avoid placing the interviewer at a desk. This creates an "intake" environment. However, two comfortable chairs on either side of a small dining or card table would be acceptable. If you choose a room without a table, make sure the interviewer has a clipboard or some other hard surface to write upon. Refreshments, such as ice water, juice, coffee, and rolls or cookies are a nice community relations touch and can help relax the participants.

On the days of the interviews, a staff person should be assigned to greet each key informant and guide them to where the interviews are being conducted. A comfortable waiting area should be available as well.

III. Conducting Key Informant Interviews

Before jumping right into the interview, the interviewer should:

- ◆ Warmly greet the key informant
- ◆ Offer him or her refreshments and show them where to sit
- ◆ Explain why the organization is conducting the key informant interviews
- ◆ Explain who are key informants, what is a key informant interview, and what is the general nature of the questions
- ◆ Assure the key informant of the confidentiality of the information
- ◆ Tell them how long the interview will last
- ◆ Ask if the key informant has any questions or concerns
- ◆ Address their questions and concerns

You are now ready to begin the interview:

As you interview the key informant, you will find yourself engaged in a balancing act between actively listening to the key informant and accurately recording what they say. Unfortunately, there are no set rules for maintaining this balance, and what and how much you record during the interview will probably change with each key informant. Some informants will not even notice you recording their comments, while others will find your note-taking quite distracting. The best advice is to observe your key informant and not allow your note-taking to intrude on the interview or interfere with the flow of the conversation. No matter how thorough your note-taking during the interview, go back over your notes immediately following the interview, add comments that you did not have time to record, complete incomplete statements and fill in ambiguous notes while the interview is still fresh in your mind.

For organizing and recording your notes, you will find it helpful to make one copy of the question guide per key informant. You can then record each key informant's comments beneath each appropriate question area on the question guide. Also give yourself at least one blank page (two-sides) per question area to ensure adequate space for recording comments.

During the interview, you should not feel compelled to spend an equal amount of time on each question with every key informant (or focus group) or even go through the entire questionnaire at all. Often, you will find certain key informants or focus groups have expertise in certain areas. Allow them time to fully share their insights in these areas of interest or expertise.

If you feel the need to have all participants respond to each question, then follow your question guide, and when you come to areas where the participants seem to have added insights, politely interrupt them, promise to get back to this area in a few moments, continue following your question guide until it's completed, then go back to those areas of expertise. Make sure you allow time to go back. This is an effective method for touching on all question areas while not sacrificing quality time in areas of expertise. You should be aware; however, unskilled interviewers may have difficulty getting some participants' refocused on issues raised earlier in the interview.

Throughout each interview, listen carefully for recurring themes, issues, opinions and comments, and highlight these in your notes as they are raised, for this is the main reason for conducting key informant and focus group interviews. Remember, your object is to identify and prioritize issues most important to the community, and this requires separating widely held attitudes, beliefs and perspectives from the opinions held by a few.

At the end of the interview, ask the key informant if he or she has any questions, tell them how their comments will be incorporated with comments of other key informants to ensure confidentiality, and thank them for participating. Most organizations offer to provide a copy of the final report to each key informant. This allows the key informant to compare their perceptions with those of the entire key informant group. They will also gain some understanding of why and how your organization is responding to community issues.

IV. Compiling and Processing the Information

One of the drawbacks of key informant interviewing is that the data (your notes) can be quite unmanageable. Unlike uniform data gathered through survey techniques where structured response categories are provided, the data gathered in key informant and focus group interviews are the open-ended, unstructured thoughts and comments from many different individuals. In addition, by the time you complete all your interviews, you will have probably accumulated the paper equivalent of a small tree in notes. For a typical 40-person, 5-question area key informant assessment, you can figure around 200 pages of notes (40 x 1 page per questions x 5 questions).

To make processing our notes less arduous and more accurate, follow these steps:

1. Read over and complete your notes following each key informant meeting as discussed earlier.
2. Write a summary report following each day's interviews. Highlight recurring issues and particularly insightful comments by that day's key informants, and jot down any follow-up questions you would like to ask the next day's informants related to what was raised by previous informants.

After all your key informant interviews are complete:

3. Number each key informant question guide in serial fashion: 1, 2, 3, . . and so on.
4. Read over each completed question guide and, in a separate notebook or on a word processor, paraphrase and list all issues raised by the key informants followed by the number(s) of the key informants who mentioned the issue. When you come to an issue raised by earlier key informants, instead of listing the issue or comment again, simply write after the initial listing, the numbers of all subsequent key informants who raised the same or similar issue, and make brief notes if there are significant differences of opinion or perspective on similar issues (see the * on the example below). Your "issue inventory" will look something like this:

<u>Issue</u>	<u>Key Informant #</u>
1. Health care is too expensive:	1, 2, 9, 11*, 12, ...
2. Felt local doctors are more expensive than average *	
3. Not enough family/general practitioners:	1, 2, 5, 6, 7
4. Out of date ambulance:	2, 14, 21, 22, 29
5. Friendly nursing staff:	3, 6, 7, 14, 22, 23, 26, 31, 36, 40
6. Personalized hospital care:	3, 6, 7, 8, 9
7. Hospital billing takes too long:	5, 9, 10, 12, 35, 37
8. Need more nursing home space:	11, 14, 17, 23, 28, 33, 39

Assigning numbers to key informants and listing them behind the issues they mention will enable you to quickly go back to individual key informant questionnaires to fill out details on the issues when writing your report.

- If you are recording issues into a notebook, at the same time you are listing the issues, list the issues under category headings according to the question areas on your question guide. Let us say, your question areas covered four areas: general health care issues, hospital issues, physician issues and other health care providers issues, using the above example under Number 4, the issue listed would break out into these categories:

- | | |
|------|--|
| I. | General Health Care/Community Issues <ul style="list-style-type: none"> ◆ Health care is too expensive 1, 2, 9, 10, 11*, 12, 21* ◆ Residents have much community spirit 5, 16, 33, 34, 37 |
| II. | Hospital Issues <ul style="list-style-type: none"> ◆ Friendly nursing staff 3, 6, 7, 14, 22, 23, 26, 31, 36, 40 ◆ Personalized hospital care 3, 6, 7, 8, 9 ◆ Hospital billing takes too long 5 |
| III. | Physician Issues <ul style="list-style-type: none"> ◆ *Felt local doctors are more expensive than average 11, 21 ◆ Not enough family/general practitioners 1, 2, 5, 6, 7 |
| IV. | Other Provider Issues <ul style="list-style-type: none"> ◆ Out of date ambulance 2, 14 ◆ Need more nursing home space 11, 14, 17, 23, 28, 33, 39 |

- Begin processing your data (notes) and writing your report as soon as possible after all the key informant interviews have been completed.

V. *Writing a Key Informant Report*

If you decided to process your data using the issue inventory method discussed previously, you need only glance at the list to determine the major issues in your community (or most commonly held perceptions) according to your key informants. The most commonly listed issues or perceptions will comprise the body of your report. Issues raised by less than three or four key informants should not be included in your report, unless the key informant(s) who raised the issues is considered to have particularly valuable insights.

While the key informant interview information gathering technique is not meant as a statistical sampling of your community, your report should provide a general indication of how many key informants raised particular issues or share similar perceptions on issues. This can be done by simply using terms or phrases such as: many, most, several, few, some, consensus, majority, etc. If you use these terms, be consistent in their application throughout your report by mentally assigning each term a number range. For example, a "few" means four to six key informants.

By using such terms instead of specific numbers, you avoid the risk of hair-splitting the relative importance of each issue. That is, is an issue which 20 people identified as important or any less important than an issue identified by 21? Remember, the key informant and focus group interview techniques are primarily used to identify and probe major issues and widely held attitudes or perceptions. If you want to measure or place a value on such data, conduct a sample survey or nominal group process in your community as well.

Several sample key informant reports are included in Appendix B.

PART TWO

FOCUS GROUP INTERVIEWS

I. Preparing for Focus Group Interviews

The focus group interview assessment technique consists of interviewing a group of six to ten participants who come from the same sector of the community or who share something in common about a specific issue area. Similar to key informant interviews, focus group interviews are particularly helpful in identifying and gaining insight into major issues and commonly held perceptions involving the community in health care decision making, and demonstrating your interest in community involvement.

Selecting Focus Group Participants

The sectors and sector representatives you feel would be most appropriate to interview depend on your community, but the sectors listed on Page 8 in the key informant section can provide you with some direction. In addition, Appendices C and D contain information on "Who are Key Stakeholders" and a form to list key stakeholders.

Once you identify the sectors or groups you want to interview, identify specific individuals from the sector to be interviewed. Again, ask other members of your organization for suggestions. While it is important to include sector leaders in focus groups, include members of the "rank and file" as well. A few words of caution: if a focus group sector represents one organization such as a major employer, line employees may be less open when included in the same focus group as their organization's executives or supervisors.

Arranging Focus Group Interviews

Depending on the size of the group and length of the question guide, focus groups can last up to two hours or more. However, we suggest you limit the meeting to 90 minutes maximum. This not only demonstrates your respect for participant's time but will also force the interviewer and group to stay focused. Focus groups should be held at times most convenient to the focus group participants. You will find that evenings are usually best for conducting an interview session with a group of people.

*To excite focus group participants about being interviewed
and better ensure their participation:*

1. The recognized leader of your organization should contact potential focus group participants by phone or in person to explain the purpose and nature of the interviews and to get them to verbally agree to be interviewed.
2. A representative of your organization should then contact and arrange interview session times for each focus group that is most convenient for every member of the focus group. It is best to arrange one focus group session at a time by contacting all members of that focus group, instead of trying to arrange interview sessions with several different focus groups at once.
3. The recognized leader should then send a personalized, combination thank you and confirmation letter on your organization's letterhead to focus group participants about one week before the interview.

Focus Group Setting

Focus group interviews should be conducted in a setting large enough to comfortably seat 12 adults. A well-ventilated and well-lighted room with comfortable chairs arranged in a circle is the most desirable setting. Chairs can be arranged around an appropriately sized table if desired. If you choose a room without a table, the interviewer should be provided a clipboard or some other hard surface for writing upon. Refreshments such as ice water, juice or coffee, and rolls or cookies can help establish a relaxed atmosphere.

II. Conducting Focus Group Interviews

The Interview Process

Just prior to the interview session, the interviewer or a staff person should be available to greet each focus group participant and guide them to where the interview is being conducted. A comfortable waiting area should be available.

Like key informant interviews, you should allow time for introductions and explanations before beginning the interview:

- Individually greet each participant
- Offer the group refreshments and show them where to sit
- Have participants introduce themselves to the group
- Explain why the organization is conducting the focus group interviews
- Explain what are focus groups and focus group interviews, and what is the general nature of the questions
- Assure the participants of the confidentiality of the information
- Tell them how long the interview will last
- Ask if they have any questions or concerns
- Address their questions and concerns

Group interviews pose certain challenges to the interviewer that are not found in one-on-one interviews. Focus group interviewers must not only listen and record, they also must keep a group conversation flowing, make sure all participants are involved, and give each participant a chance to share their thoughts during the limited time allowed for the interview.

Because facilitating an effective focus group is a challenge to even skilled interviewers, we suggest you lighten the interviewer's responsibilities by using a recording aid such as a tape recorder, video camera or secretary. If you want to use a tape recorder or video camera, get permission from each participant prior to the interview session in case you need to make some other recording arrangements. The tape recorder should be placed in the middle of the group to ensure all participants can be heard. Furnaces, vents or fans should be turned down or off to prevent blower or air noises from drowning out voices. The video camera should be placed in a location that enables it to clearly record sight and sound yet does not distract or inhibit the participants. Similarly, a secretary should sit just outside the group to prevent his or her notetaking from distracting the group members. Regardless of what recording aid you use, the

interviewer should take brief notes of important points raised in the discussion as well.

During the interview, the interviewer should carefully observe the group dynamics. In every group, there are leaders and followers. It is the interviewer's job to make sure the leaders do not dominate the group. The interviewer must provide follower's ample opportunity to voice their opinions rather than giving into their tendency of allowing leaders to speak for them. The interviewer must also keep the conversation focused on the subject at hand. When someone begins straying from the subject or belabors a point, the interviewer should politely interrupt and bring that person and the group back on track. When participants start dealing in generalities, the interviewer needs to ask the probing question necessary to elicit specific information. Simple probing words and phrases like "why?" and "what do you mean?" often are all that is needed to gain more information from participants. Finally, the interviewer must engage their active listening skills discussed earlier.

In focus groups, the information you want to concentrate on are the issues and perceptions that the group in general seems to agree are important rather than the opinions of just a few members of the group. These issues, comments and perceptions are what should be briefly stated in the *interviewer's* notes. When preparing the report, the interviewer uses these as a guide and refers to the complete record of the meeting contained on the tape, videotape or secretary's notes for more details on the issues.

III. Preparing a Focus Group Report

Processing the Data

Like key informant interviews, the information gathered by the focus group technique can be difficult to manage because the information is unstructured, uncoded answers of a variety of individuals to open-ended questions. To help you process focus group information, write a summary report of the meeting including all the major points and discussion immediately after the meeting while it is still fresh in your mind, and write your final report soon after all the focus group interviews are completed.

Writing a Focus Group Report

To get the most from your focus group information, prepare two types of reports; a combined report containing the major issues from all the groups and a group-specific report. The combined focus group report will look much like the key informant report. It will include the major issues raised by the groups and an indication of how many focus groups and participants share the same perceptions on various issues. A combined Key Informant and Focus Group Report appears in Appendix B. The group-specific report typically consists of a one to two-page report per focus group highlighting the major issues raised by each group.

Using the Assessment Information

If the information you gather through key informant and focus group interviews raises many questions, you should not feel dismayed. When you apply these techniques in the manner we described, your intention is to initially identify the major issues facing local health care and gain some insights into these issues. The initial key informant interviews and focus groups are not intended to provide decision-makers with the exhaustive truth on each major issues or perception regarding local health care. If you feel issues you revealed through the initial assessments need more research; you should conduct additional rounds of key informant or focus group interviews concentrating on these specific areas.

In addition, you should consider incorporating other assessment tools along with key informant or focus group interviews. Techniques such as market surveys, community forums, and patient record and origin analyses can help verify, quantify, and prioritize the information you gather in key informant and focus group interviews. Understand the strengths

and limitations of various assessment techniques, and then conduct techniques, which complement one another.

Sound decisions and effective strategic plans are based on accurate and meaningful information. Your decision making and planning should only begin once you are confident with your information.

Appendix A

EXAMPLE 1

Community Needs Assessment

QUESTIONNAIRE

(Name of your service) AREA HEALTH CARE PLANNING COUNCIL

Key Informant Interviews

Informant Name: _____ Phone: _____

Date: _____

Interview Process: *Define briefly the purpose of the interview for each participant, stressing his/her experiences and ideas about health services in the community are the focus of the discussion. Assure each interviewee of confidentiality.*

Note: *It is not as important to go through every area of health services with all persons interviewed as it is to cue in on their particular areas of involvement and expertise, together with particular experiences they have had that personalize their assessment, and comments about community health services.*

Remember: *ask "WHY!" Do not settle for "yes/no", "good/bad" type answers.*

1. What do you perceive as the most important problems facing the community in the health care services area, including the future of community health services? How should they be solved?

(Note: to allow for more room for your notes, you may want to divide this questionnaire into one question per page)

2. What is your perception of (NAME OF YOUR HOSPITAL)? How do you think the community perceives the hospital? In terms of care, the job done by the board of trustees, physical plant, range of services? *(Note: If your community doesn't have a hospital, insert the name of the clinic or nursing home or other major health care provider in your community. This is appropriate time to ask if they have had experience personally in the hospital within the last few years. Find out if they use hospitals elsewhere and WHY!)*
3. What is your perception of the local physicians in the community in terms of numbers, quality of care, specialties, and so on? *(This is an appropriate time to ask who is their personal physician and to determine whether they stay in the community for care or go elsewhere and WHY!)*

-
4. What is your perception of other community health care services: how they function, whether they are adequate, of high quality?
- Ambulance
 - Mental health and alcohol/chemical dependency treatment
 - Health care for children
 - Nursing home
 - Physical therapy center
 - Home health care
 - Preventive health care
 - Pharmacy
 - Dental care
 - Other health care providers
5. Is there much community concern for the well being of the hospital and health care system? What is your perception of the community's interest in financial support for the hospital and health services available; taking more responsibility for future services, working together for the good of the community's health care system?

EXAMPLE 2

Key Informant Interview

Question Guide

Name: _____ Date: _____

Sector: _____ Phone: _____

I. General Perceptions of Local Health Care

1. What do you think are the most important local health care issues?
What do you think are the biggest issues facing local health care services?

II. Hospital Perceptions

1. What do you think of _____ Hospital in terms of:

- ❖ Quality of care
- ❖ Number of services
- ❖ Hospital staff (style of care, competence)
- ❖ Hospital board and leadership (good leaders, trustworthy)
- ❖ Business office
- ❖ Condition of facility and equipment
- ❖ Financial health of the hospital
- ❖ Trust/Competency
- ❖ Number of services
- ❖ Cost
- ❖ Office/clinic staff
- ❖ Availability

-
2. Are any of the local physicians (midlevel providers your personal physician or personal physician to your family members? Why?

III. Perceptions of Other Health Care Services

1. What do you think about these local services:
 - ❖ Hospital emergency room
 - ❖ Local ambulance services
 - ❖ Health care services for the elderly
 - ❖ Public (county) health department
 - ❖ Health care services for the poor

Appendix B

Sample Key Informant Reports

EXAMPLE 1

County/Service Area

Community Health Services Development Program

HEALTH CARE NEEDS ASSESSMENT

By:

A community needs assessment to determine the important health care service needs and issues of the _____ County area as perceived by local residents was carried out using Key Informant Interviews and Focus Groups. These approaches are especially useful for obtaining a deeper understanding of underlying issues, silent majority opinions and minority viewpoints.

Open-ended interviews with approximately 30 residents identified by the _____ Health Services Planning Committee were conducted by _____ between _____ and _____, 199_. Informants interviewed represented a broad range of socio-economic backgrounds. In addition, ten focus groups with representatives from education, religion, major employers, service clubs, senior citizens, allied health, hospital employees, and economic development were facilitated by Planning Committee members.

The Key Informant Interviews and Focus Groups followed a pre-determined question guide, and information presented in this report follow the guide's format.

QUESTION #1 – What do you perceive as the most important problems facing the community in the health services area, now and in the future?

A significant number of respondents noted survival of the Hospital, and it's financial solvency as top priorities. An equally large number of respondents stated a need to improve communications between hospital/clinic staff and the community, strong public relations program, public education about available services, and keeping up with the latest technology and equipment as critical issues to be addressed.

The need for a second physician, attracting and retaining other quality health care professionals, and instilling confidence in some segments of the population as to the hospital and clinic facilities, professionalism and staff were deemed important concerns.

A large number of residents stated that some problems with the hospital are the décor, looking "out of date" and people interpret the appearance as reflective of the level of medical care they will get at the facility. Some concerns were expressed regarding care for the poor and indigent being maintained without quality of care being compromised. The ability to meet needs of the growing valley population was stated. Expansion of services, care, physical space of the hospital and clinic was indicated as a need for the future.

Single respondents were concerned about a clinic at _____ leading to competition and decrease in-patients being treated at the hospital and/or clinic. Another person cited a lack of in-home caregivers as a key issue. One person stated the hospital and clinic need to be more competitive with health care providers outside the area to encourage people to "buy locally". A few people noted an increase in media coverage by the local newspaper should occur through educational pieces, information regarding classes offered by the hospital, continuing education, community support efforts, etc. Finally, one person felt that the hospital may suffer from the threat of Medicare reimbursements being cut and the burden of bureaucratic stipulations and requirements may become overwhelming for our small rural hospital.

QUESTIONS #2 – What is your perception in regard to _____ Hospital? How is the hospital perceived in the community in terms of quality of care, and so on?

The vast majority of comments were very positive about the quality of care, level of professional staff, friendly/concerned/personal caregivers. A number of respondents stated that those who have used the hospital services generally feel it is very good, while those who have not used the hospital feel it is backwards and question the level of care and quality of service available. Some stated that community residents do not realize the extent of services available and go elsewhere for medical treatment that could be provided locally. Concern was expressed by many that the continuation of hospital services is critical, and noted problems with the financial solvency of the hospital. Several folks stated that the hospital and clinic services are good only in dealing with non-life threatening illnesses, and view the hospital more as a clinic.

There were a number of comments specifically about the quality of Emergency Room and outpatient care provided. A number of respondents expressed a desire and need for more holistic health services and non-traditional approaches to healing in the valley. Several people stated that the hospital is gaining greater respect from the community since changes have been made in the past five years with Dr. _____ coming on-board and the hospital trying to be more responsive to residents' needs. Overall, most respondents were people who have had a personal experience with the hospital within the past 3-5 years and feel that it has tremendous value in the community. Two people stated that financially the hospital is a bargain when compared to health care costs out of the valley.

Some people state that the hospital was very good in providing services for an institution its' size and that one must realize the limitations of a small rural hospital. A few people indicated that services provided here are much better than in other communities the size of _____.

A significant number of people noted the need for more OB services to include emergency deliveries, C-sections, epidural, etc. A sizable number of respondents were very concerned about the appearance of the hospital, and feel that it is judged by the décor and furnishings stating the physical appearance looks second rate and makes a very poor initial impression.

A few comments were made about the billing system (i.e., people being billed for paid bills, and collection system where people are offended needlessly). A few comments were made about the lack of privacy and need for confidentiality in the hospital and among staff. One person stated that there is poor communication between the hospital and clinic while another stated that some nurses are unresponsive in not answering call buttons in rooms. Several people stated that the hospital and staff need to be more attentive to family members that stay with their loved ones by providing water in the rooms, washcloths and toothbrush, etc, and to respect family's wishes when possible. One person suggested offering a certain percentage off the bill for first time hospital users to encourage increased utilization by community members.

QUESTION #3 – What is your perception in regard to the local physician in terms of number, quality of care, specialties, etc.?

The strong majority of responses were exceptionally favorable for Dr. _____. Sentiment ranged from “can’t be beat”, “top quality”, “great, knows what he is doing”, “top of the line” to “care, expertise, knowledge are satisfactory” and “quality of care exceeds that available in other small communities”. A large number of people commented favorable on the fact that Dr. _____ confers with other physicians and refers out readily when in question about treatment plan. One person stated that Dr. _____ refers when necessary and does not “experiment on patients”. An equally large number of respondents commented on the specialists coming into the valley as a very positive addition to health care here. Some indicated a need for more specialists, such as anesthesiologist and general surgeon, coming more often. More OB specialists and visits to the valley were noted as important, with a strong emphasis placed on increased/expanded OB services needed locally.

Many people noted the need for a second MD, with concerns of Dr. _____ being overworked, not wanting to see him reach burn-out, giving people a choice of more than one MD, and wanting a second MD with more experience than Dr. _____. Dr. _____ is seen as working well with _____ Hospital staff by several respondents. A number of people noted that he is very good with children, takes time with patients and is very concerned. One person stated that a second physician is needed here as a partner, not in a “boss-employee” relationship with the current physician. Several comments were made regarding the P.A. as being an asset and a help to relieve some of the pressure on Dr. _____. Several people stated that Dr. _____ worked well with the Mexican population and because he is gone, some of that business has now gone to _____.

A few people stated that they liked Dr. _____ personally but receive their medical care in _____ due to lack of confidence in the health care professionals here. Some noted that there will always be some out-migration and that people do need to leave the valley for specialized care. One person stated that Dr. _____ is “seemingly unavailable” or does not return phone calls.

A fair number of people stated that the P.A. seems to lack self-confidence and does not appear to be self-assured in his decisions made with patients; they find this disconcerting. A few people stated they felt rushed in the clinic and that clinic staff is not always sympathetic and do not try to work “sick” people into the schedule. Several people commented on the “cash only” payment system at the clinic as a negative factor. One person questioned whether the quality of care is compromised due to inability to pay for services.

A few people commented on the need for follow-up calls by Dr. _____. Several people stated they did not know any specialists came to the valley and that a published schedule would be beneficial. Once focus group had a discussion about personality clashes, political feelings, and exclusively Mormon caregivers, and stated that these issues are not as much of a problem as they were some years ago.

QUESTIONS #4 – What is your perception of other community health care services; how they function, whether they are adequate, and what has your experience been including ambulance, mental health, nursing home, etc.?

The majority of comments indicated that these services were from adequate to excellent. Most of the respondents stated that they had not used many of these services, and most of the respondents did not know what services were available in the valley. By far, the most cited services used were EMS, ambulance, and physical therapy. EMS/ambulance services were rated high by all but two respondents that answered this question. _____, P.T. is seen as a tremendous asset, “excellent therapist”, and “practically worshipped by many”.

Specifically, EMS services are seen as very good with a devoted, well-trained core of EMTs. One person stated that the EMS response time is too long. A number of people stated that good efforts are being made to keep current with education and equipment for EMS, and that they are trying and working toward updating the program. A 911 system was mentioned by several as a need. Many noted the need for a nursing home, while several stated the issue had to be studied further before making a committed decision. Many stated the need for elderly care is lacking – both in-home services (i.e., home health, and homemaker care) and supervised residential apartments. A number of people stated there was a need for respite care for family members who are caregivers for elderly relatives.

A significant number of respondents stated that there is a general lack of knowledge of available resources, however limited. There was a strong need stated for more mental health services such as counseling, support groups (Alanon, stress groups, parenting groups), and drug/alcohol counseling.

Specific mention was made by a number of people regarding the lack of counseling services available in the public schools for youth. Areas of child abuse/neglect, family violence, suicide intervention, and AIDS education/treatment were specifically noted as needing vast improvement. A few people stated that more Speech Therapy/Occupational Therapy is needed in the schools. One person commented that the volunteer network at the hospital and in the community is “fantastic” and could rally to help more.

Comments regarding District _____ Nursing were made by a number of respondents: WIC and immunization is good, District _____ needs to increase their hours or maintain hours posted, they need to be more involved with community education, they are seen as non-cooperative and not team-players in the health care system. A sizeable number of respondents commented on the need for a second dentist, and stated that the wait for an appointment is far too long. More than one person stated it is “ridiculous”. Several people noted the need for a Wellness Center and non-traditional healing services. One person stated that the ambulance charges are out of line. One person noted the need for a back-up ambulance. One person stated the hospital needs to follow up on rape, abuse, addiction, attempted suicides after discharge and make appropriate referrals to counselors. Dental services were seen as very good by several.

QUESTION #5 –What is your perception in regard to the community; its’ support of _____ Hospital and other health services as it relates to supporting them financially and taking more responsibility for future health services and pulling together?

The greatest response to this question was that the community does not know or understand the capability of the hospital and staff. Numerous comments were made that people always equate bigger with better and that the hospital is seen as small and incapable. Again the issue of appearance and physical structure was noted as a negative point in attempting to develop confidence within the community.

A significant number of people felt the hospital was well supported by the community but questioned the community’s willingness to support the hospital financially. Several people said, “It’s nice to know it’s there if you really need it”. One person felt the majority of the community would do almost anything to maintain the health care services available here now. Several people commented that the hospital “must stay open”.

Somewhat fewer respondents stated that the community does not support the hospital and has a general lack of support with little/no trust and confidence and see the hospital as more of a clinic than hospital facility.

Many comments were made about the need for good, intensive, on-going public relations, communication with the general public, need for medial support, allowing the public to get involved with fund-raising efforts, develop a marketing campaign to increase utilization. One person suggested the hospital needs to “pat itself on the back” through publications and advertisements, increase public awareness of services available, publish schedule of events (health services, visiting specialists), develop a resource directory of available services/programs.

More than one respondent stated that the County Commissioners need to take a more active role in the survival of the hospital. One person suggested that each Commissioner spend one week working at the hospital to develop an understanding of the problems. Another person stated that the Commissioners need to be “more visible in showing their involvement and support”. There were other comments made about the County’s responsibility and obligation to the county-owned hospital.

The issue of financially contributing to the hospital was fairly spilt down the middle with close to half of the respondents feeling that the community would support the hospital. One person felt that if people knew the hospital was in dire straits financially, they would rally to pay outstanding debts there. Several people stated that the costs here are under the national average and residents should be made aware of that.

The auxiliary was applauded by several people as an excellent way of hospital outreach and pulling together with the community.

One person commented about people feeling “taxed to death” and that an additional tax burden should not be placed on residents. One person mentioned that the farmers not have to carry the tax burden.

EXAMPLE 2

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APPENDICES

Introduction

A needs assessment to identify important issues facing _____ Hospital and local physicians was carried out using the Key Informant interview and Focus Group interview approaches. Open-ended interviews with 31 key informants and two focus groups, consisting of approximately 30 additional individuals, were conducted the week of _____, 199_, at _____ Hospital in _____, _____.

The key informants and focus group participants represented a good mix of health care providers and consumers. Health care participants included physicians, dentist, optometrist, pharmacist, nursing home administrator, and hospital department heads. Community participants represented a variety of age/sex categories and community sectors, including business, legal services, agriculture, government, economic development, banking, service industry, utilities, education, and religion. Key informants and focus group participants also included a good mix of users and non users of the local hospital and medical staff. The two focus groups were local seniors citizens and hospital department heads. A third focus group with business leaders was scheduled, but only three invitees attended the session. Given the small size of this group, this group's comments were folded into the key informant section of the report.

Key informant and focus group interviews are useful for identifying key issues from the community's perspective and for obtaining a deeper understanding of community attitudes and perceptions, including minority viewpoints. These assessment techniques are also useful for involving more citizens in hospital problem solving, for raising awareness of hospital issues, and demonstrating to local residents and leaders the hospital's commitment to the community.

In general, the reader should not assume the public at large possesses the same depth of knowledge or as having as informed of an opinion as key informant and focus group participants. Key informant and focus group participants are often opinion leaders who generally become better informed earlier on issues affecting them or their sector. In marketing, they are referred to as "early adopters" whose opinions and views are likely to influence many individuals in their circle or sector of the community.

The first section of the report is a compilation of comments made and issues raised by key informants. Key informants will be referred to as "key informant," "informants," "respondents" or "participants". No attempt is made to prioritize the issues in this section of the report, although relative significance of the issues is reflected in the narrative. The key informant assessment technique is not a survey. The goal is not to quantify. It is a qualitative technique. However, statements like "some of the informants..." or "many of those interviewed..." are used to provide the reader an indication of how broadly certain opinions, comments and values are shared. For this report, "few" represents four to seven

informants; “some” represents seven to ten informants, “many” represents 11-15 informants, and “most” represents a majority of informants.

The second section of the report are summaries of the two focus group discussions. These reports include only those issues, comments and viewpoints agreed upon as important by a majority of the group.

The third section contains recommendations for addressing issues raised by the key informant and focus group interviews. The recommendations will make reference to additional or supporting information found in the appendices of this report.

Any questions or comments regarding this report should be addressed to:

1) What do you think are the most important issues facing local health care services?

An overwhelming majority of key informants perceived the inability to recruit and retain qualified physicians as the most serious issue facing the local health care system. Many informants recounted the number and, sometimes, the names of providers who have left _____ over the past several years. But recruitment and retention of providers should be considered two related but, at the same time, separate issues. The turnover rate suggested by the informants indicates the local health care system has a greater problem retaining providers than recruiting them, for _____ Hospital, has been able to attract physicians to the community.

Physician recruitment and retention seems to be the first link in a chain of issues facing the local health care system. Many key informants expressed concern about local residents going to _____ for physician services. This patient out-migration problem was often linked to local medical staff stability. Physician turnover has gradually eroded utilization of local health services by local residents. Local residents leave town for care because they perceive the local medical staff as not offering the choice, timely access, quality, capabilities and/or stability desired by local residents. The out-migration problem is compounded by the fact that a few former _____ physicians who developed a significant local following now practice in _____. Many informants believed a majority of local residents, mostly those with higher incomes and private insurance, see physicians in _____ for their primary care needs. Patient outmigration is also closely linked to a deep concern of many informants -- keeping _____ Hospital open.

The hospital was seen by most as underutilized by local residents, which most attribute to the lack of physicians and outmigration. Nearly all of those interviewed recognized that, for most people, choice of hospital is driven by their physicians, and since many local residents either saw physicians in _____ or local physicians affiliated with a _____ hospital, they are greatly concerned about the hospital's ability to remain viable. Several also expressed concern that welfare reform and changes in Medicare will further threaten the survival of _____ Hospital.

Because of the hospital's perceived financial situation, many expressed concern about _____ Hospital's ability to purchase needed technology and to provide quality care. This concern, which represents the fourth link in a chain of issues described by the informants, was seen by some as exacerbating the patient outmigration problem. If people doubt the abilities of _____ Hospital, they will simply seek care in _____.

The final issue considered very important by several of the informants was local access to care for the elderly, the poor and the uninsured of _____ County. They

perceived these groups as having few options for health care services and are very dependent on the local doctors and _____ Hospital for their health care needs. These informants believed the closure of or a reduction of services at _____ Hospital would create a great hardship for these vulnerable population groups.

2) What are your general impressions of _____ Hospital?

Many of those interviewed personally hold a favorable opinion of _____ Hospital, feeling it provides an essential service to the community with reasonable quality. Their opinions mostly have been formed through first hand experience with the hospital as a patient or as a family member or close friend of a patient. However, many of these informants and others believed a significant number in the community hold a less positive opinion of _____ Hospital. The informants reported often hearing _____ Hospital referred to as a “band aid” or “first aid” station capable of handling only the most basic needs. The hospital and medical staff are seen as referring most patients to _____ for care.

This perception of _____ Hospital (and its medical staff) as simply a “shipping point” only serves to encourage more local residents to bypass the local health care system. It was thought to be quite likely that many are going to _____ for care they could receive locally. They seem unaware of the hospital’s and doctors’ full capabilities and, instead, simply assume them to be “limited” or “minimal”. Many informants shared the perception that most users of the hospital are quite satisfied with _____ Hospital, while those most critical have had little if any recent first-hand exposure to the facility, “relying on unsubstantiated rumors.” As one key informant summed up a view shared by several of those interviewed, citing some positive letters to the editor about _____ Hospital in the _____ *Press Reporter*, “Isn’t it funny how negative stuff spreads faster and lasts longer than the positive. There’s a lot more positive out there than negative about the hospital, but no one hears it.”

2a) What do you think of the hospital in terms of quality of care?

Most thought the quality of care provided by _____ Hospital is good to excellent. Some qualified their statements by saying something to the effect of “for a facility this size” or “for basic needs.” Most seemed to have formed their opinion of quality around the style of care provided by hospital staff rather than the hospital’s technical capabilities or staff credentials. Many perceived a large segment of the population holds a negative view of the quality of care provided at _____ Hospital. Several mentioned hearing comments such as “It’s where old folks come to die.” Again, the informants believed the public’s opinion was not formed from first-hand experience with the facility.

2b) What do you think of the hospital in terms of number of services provided?

While many of those interviewed believed the scope of services provided at _____ Hospital was adequate or appropriate to the size and needs of _____ County, most also admitted to not knowing the full capabilities of _____ Hospital or the medical staff. There is a perception that _____ Hospital had provided a greater range of care than provided now because the hospital (and doctors) is perceived as not doing surgeries. An equal number of informants believed the range of services provided by _____ Hospital is quite limited but few could define what limited meant. Most informants believed the community is probably equally unaware of the services provided at _____ Hospital and by its physicians. Nearly all expressed concern about the perceived number of patients being referred to _____, an issue which feeds the public perception of _____ Hospital and local physicians as having “limited capabilities.” Several of those interviewed were hopeful that the new physicians -- Drs. _____ and _____ will provide a wider range of service and utilize the hospital’s facilities more than by the current local physicians.

Many expressed great appreciation for the hospital's effort to bring visiting specialists to _____. Some believed this will help discourage patient outmigration, but a few questioned whether the specialists actually use _____ Hospital’s facilities or simply refer patients seen in _____ to _____. Several of the informants thought the visiting specialists office hours in _____ need to be better publicized.

2c) What do you think of the hospital in terms of the hospital staff?

Many described the hospital staff as very caring and attentive to the patients’ needs. Several shared positive first-hand experiences or comments shared to them by others regarding the staff at _____ Hospital. Several thought _____ Hospital offers a much more personalized and caring environment than hospitals in _____. “We’re not a number here. They’re my neighbors and I know they care about me,” as one informant put it. Some perceived the hospital staff as being too large compared to the number of patients served, especially the number of business office or administrative staff. Of note, most of those interviewed seemed to judge hospital utilization solely on inpatient volumes. Finally, there was some concern about the quality of the nursing staff. Several believed that RNs are being replaced by lesser trained LPNs or the ratio of RNs to LPNs seems too low at _____ Hospital.

2d) What do you think of the hospital in terms of its medical staff?

Most believed there are too few physicians in _____, and most thought the community needed two or three additional “quality general practitioners.” Many

also believed the community needs and could support a general surgeon. They believed by recruiting quality physicians, many of the problems facing the hospital and local health care system would be resolved. Several noted that some former local physicians were of poor quality, and these informants were concerned whether the hospital does an adequate job of screening physician candidates. These past negative recruitment experiences may raise some initial doubt about the skills of any new physicians recruited to _____, said a few informants.

Most of those interviewed considered either Dr. _____ or a physician in _____ their personal physician. Most believed the scope of care provided by Drs. _____ and _____ to be quite limited. There are mixed feelings whether the scope of care provided by them is based on their capabilities or on the fact they are very busy or overworked. Some believed Dr. _____'s referral patterns are based on his affiliation with _____ in _____. The informants seemed to base their opinions of the physicians' capabilities on the number of referrals they make to _____. Many thought the physicians make unnecessary referrals. On the other hand, some expressed appreciation for the physicians' willingness to refer out. Most of those interviewed thought both physicians provided good "basic" care, although only a few of these had first hand experience with Dr. _____. Few informants said they would use either physician or _____ Hospital for anything they perceived as serious. Most defined serious as general surgery, a heart problem or cancer. Finally, Dr. _____'s affiliation with _____, his perceived lack of utilization of _____ Hospital and his choice to make his primary residence in _____ concerned many of those interviewed.

Many of the informants were aware that two new physicians have been recruited to the community, and they are guardedly optimistic about the impact these physicians will have on the hospital and community. There is some skepticism around whether or not they will stay. Several mentioned hearing positive statements from friends who have been seen by Dr. _____.

2e) What do you think of the hospital in terms of the facility's physical appearance?

While most thought the facility was clean, well kept and on par with most other rural hospitals, many of the informants also thought the facility looked old and out of date. The exterior was the most cited example. The physical appearance was thought by some as presenting a negative image, especially when comparing it to the modern facilities in _____. There was also many comments about what the informants perceived as the numerous recent changes in the hospital's floor plan. Several likened the frequency in floor plan change at _____ Hospital to Wal-Mart. These changes indicated to them a lack of long-range facility planning. Several also cited the construction then abandonment of the ICU/CCU as example of poor planning on the hospital's part, although they perceived that some former physicians may have pushed this on the hospital.

Some of the informants also believed the hospital has a difficult time keeping its technology up to date or having the technology needed by physicians to practice the full scope of care, although most of these informants could not cite specific examples of outdated technology or technological needs of the physicians.

2f) What do you think of the hospital in terms of its financial health?

While some perceived _____ Hospital as financially stable, most believed the hospital is barely staying afloat, although many thought it is doing better now than in the past. Many are fearful of a hospital closure, which they saw as happening to many rural hospitals. The hospital's perceived current financial status was mostly attributed to the lack of doctors and local doctors who seem to refer most patients to _____. Several also reported hearing about the hospital having to repay Medicare a significant sum of money, which they believed sent the hospital into a financial tailspin. Many have formed their opinion of the hospital's financial status from articles in the _____ *Press Reporter*. Many expressed concern about the hospital's business office practices, specifically patient billing, which was described by these informants as very slow. Several believed _____ is doing a good job as administrator and partially fault previous management for the hospital's current fiscal problems. Again, most believed the hospital's perceived financial problems will be resolved once additional physicians are recruited to the community. The contract with the _____ to provide health care at the prison and the _____ Hospital Home Health program were seen by most as the two biggest reasons why _____ Hospital has not closed.

3) How important is it that _____ Hospital remain open? Why? How supportive is the community in helping _____ Hospital remain viable? Can and will residents do more to support it if necessary?

Nearly all of the informants said it is very to extremely important that _____ Hospital remain open. The most frequently cited reasons for the hospital remaining open in descending order of mention include: the need for a local source of emergency care, the hospital's impact on local economic development, the hospital's role as a pillar of the community, and the need for local hospital services for the elderly and indigent populations.

Emergency Care -- Informants felt the hospital's ability to provide emergency care is critical to the community because the distance to the next source of medical care, _____, is too great. Most key informants considered the hospital's ability to provide emergency care and to stabilize patients for transfer to _____ as its most valuable and valued function. Several noted that the hazardous nature of the two major local industries -- farming and oil -- demands close proximity to emergency care.

Economic Development -- The hospital was seen as a key contributor to the local economy. With approximately _____ employees, it is one of the largest employers in the county, and the hospital payroll is very important to local business. Many of the informants also noted the hospital plays a key role in attracting and retaining businesses and residents. Several of those involved in local economic development activities said the presence of a hospital has been one of the most important criterion used by business and industry to evaluate whether or not to locate in _____ County. Many said it is doubtful the prison would have been built in _____ County if there was not a hospital in the county.

Community Pillar -- Comments like the following seem to sum up the sentiments of many informants toward the hospital's intangible community role: "Without the hospital, we're less of a community," "It helps define us as a town and keeps us from being like a bedroom community to _____," and "It's a cornerstone or pillar like the schools. The hospital separates us from the small towns."

Elderly and Indigent Residents -- These populations groups were seen as having less ability, for physical or economic reasons, to choose health care providers. Traveling to _____ for health care is considered a hardship for the elderly, and many of the poor are seen as not having the economic means to travel to _____ for care. Many informants also believed it is unlikely most _____ physicians would accept indigent patients in the same manner they are perceived to be accepted by the local physicians and _____ Hospital.

Most described the community as very supportive of _____ Hospital, but when asked how the community shows this support, most informants were at a loss to provide evidence of this support. Interestingly, only a couple of informants cited county tax support as evidence of community support of the hospital. Many informants recognized the contradiction between their perception of community support and their perception of the community's tendency to seek health care in _____. "They say one thing, I guess, but they're voting with their feet," as one informant put it. Many noted the community wants the hospital "just in case." However, the community may not realize "just in case" does not pay the hospital's bills. Several of those interviewed saw the community as treating the hospital like some public utility that will always be there. In other words, someone (else) will take care of it and keep it open. Most of those interviewed, however, felt quite strongly that the community would step forward through taxes or donations to rescue the hospital if it was faced with closure. "We would never let this hospital close. It's too important." Several mentioned that most community leaders are staunch advocates, if not necessarily users, of _____ Hospital because they understand the hospital's importance to the community. They believed these leaders can quickly rally community support for the hospital if needed.

4) Have you or a family member been a patient of _____ Hospital in the last two years? If given a choice, is _____ Hospital your hospital of first choice? How about the rest of the community? Why?

About one-half of the key informants said they or a family member received care at _____ Hospital in the past two years, and about half of these encounters were visits to the _____ Hospital emergency room. Nearly all were pleased with the style and quality of care they or family members received at _____ Hospital.

A slight majority of those interviewed said _____ Hospital was their hospital of first choice, but most of these individuals qualified their comment by saying it was their first choice for “basic” needs. For anything they perceived as serious, they opt for providers and hospitals in _____. Most informants believed, however, that either _____ or _____ in _____ is the hospital of first choice for many in the community. It is believed the privately insured population and those with middle incomes or better are the most likely to seek hospital care in _____. Several also believed that most local mothers seek hospital obstetrical services in _____ because they perceive the quality of obstetrical care in _____ as much higher. Many informants perceived _____ Hospital as mostly serving the poor, minorities and the elderly of _____ County.

The most commonly cited reasons by key informants for why they and other community members go to _____ for hospital services include (in descending order of number of times mentioned by different informants):

- Physicians control hospital referrals.
- Local physicians, especially Dr. _____, seem to refer most patients to _____.
- Their personal physician is in _____.
- “Bigger is better” in terms of scope of service and quality.
- People have been referred to _____ so often they now overlook _____ Hospital and other local health care services, or “we are conditioned to leave,” as one informant put it.
- Residents perceive _____ Hospital does not provide the service needed.
- Residents perceive _____ Hospital cannot provide the service needed with quality equal to _____.
- _____ physicians are perceived as being of higher quality than local physicians.

-
- Residents perceive they are in need of specialty care only available in _____.
 - Former _____ physicians took many patients with them when they relocated their practice in _____.

5) Regarding those folks who leave the community for health care, where are they going? What do you think can or needs to be done to keep people local for their health care needs?

It was widely believed that people who leave the community for health care go to _____. _____ and _____ were not mentioned as likely destinations. Those who use Dr. _____ are likely to use _____ for hospital services and physicians and allied health care services affiliated with _____. Most of those who have personal physicians in _____ are perceived as using _____ for hospital services and physicians and allied health care services affiliated with that facility. Interestingly, some perceived that a formal organizational relationship exists between _____ Hospital and _____ and/or _____ because (1) the number of referrals made to these facilities by _____ Hospital medical staff members and (2) _____ owns Dr. _____ clinic, and he has been affiliated with _____ Hospital.

Many informants believed the new physicians represent the best chance for increasing local resident utilization of local health care services. Most of the informants have heard _____ Hospital has recruited two new physicians to the community, and they hope these physicians will remain in the community, be loyal to the community and use _____ Hospital to its fullest capabilities. They felt the doctors represent a new start for the hospital and physician services -- a chance to regain the community's trust and confidence in _____ Hospital and local medical care.

Many of those interviewed also believed _____ Hospital must work on improving public knowledge of the hospital's and physicians' capabilities. They believed most do not know what the hospital can provide but simply assume most care cannot be provided by _____ Hospital. They provided several ways on how to increase public awareness of and confidence in hospital services and medical staff services, including -- community involvement in hospital-sponsored projects or efforts, health fairs, promoting specialty clinics, promoting abilities of the hospital, and promoting the abilities and human side of the physicians. Several also felt _____ Hospital must find its niche and promote it instead of trying to compete with the _____ hospitals. They suggest promoting the convenience aspect, the personal, caring environment, or the "neighbor caring for neighbor" atmosphere -- niches, they saw, only _____ Hospital can occupy.

6) What health care services not currently provided locally do think need to be available in the community?

While the key informants generated a long list of services perceived as needed locally, only a few of these services were suggested by a significant portion of those interviewed. Several believed the scope of services available in the community is adequate. Several others felt they were unqualified to answer the question. Most others believed some specialty care provided by visiting specialists is needed. Many felt the community needs and could support a (general) surgeon. Several thought the local health care system needs to strengthen its pediatric care services. There was little agreement as to what other specialties were most needed in _____ County.

7) What health care services that are available locally do you think need improvement?

The informants perceived several areas in the local health care system as in need of improvement:

- Most saw increasing the number of general or family practice physician as the area in need of most improvement.
- Almost half of the informants cited problems with the hospital's billing and claims processing. Most of their complaints related to late billing and some double billing.
- Several perceived the need to improve obstetrical services. They perceived most babies are delivered in _____. These informants also believed there is a related need to bolster local pediatric services.
- Finally, several informants believed the community needs to expand and improve services for the elderly, including improving the quality of care at the local nursing homes.

8) If you would like new services in the community or would like to see improvements in existing services, how could these be paid for? Are taxes a realistic option for helping to operate new services and existing services? How about charitable contributions?

The informants were mostly at a loss when attempting to answer the first question. However, they expressed a wide range of opinions regarding increasing tax support for hospital activities. The informants as a group were mixed about seeking increased tax support for expanding or improving hospital services. Some personally supported the idea of a slight increase, while others were either undecided or adamantly opposed the idea. This mixed view carried over to their perception of the community's attitude toward increasing tax support as well. Some said it would not be impossible to gain community support, but it would be an uphill battle. Others believed, if a hospital expansion or improvement was properly presented to the community, the community would be supportive. Others believed the county is opposed to any increases in taxes and would flatly oppose a proposal to increase tax support for expanding or improving hospital services.

Most informants were quick to point out that regardless of their own or the community attitudes toward increasing tax support for the hospital, they believed most of the county commissioners and the county judge would oppose any proposed increase in tax support for the hospital. On the other hand, if the hospital was faced with closure, most perceived the county leaders and

community would approve increasing hospital tax support. Finally, several informants mentioned the option of converting the hospital into a taxing district, but most of these said this should only be attempted as a last resort.

Many of those interviewed considered charitable giving as a possible route for paying for hospital service expansions or improvements. Several commented that such giving is best used for capital needs and does not really help offset operational costs. Some perceived the community as not really charitable, either because residents are approached by many agencies seeking donations or many in the community simply will not or cannot donate money. Several did point out, however, the community has a successful fundraising history. The museum and prison efforts were given as examples. As one informant put it, referring to taxes and donations "If it's needed and is sold right, this community will come through." A few thought if the charitable giving strategy is to be pursued, it needs to be highly structured and developed over time, such as developing a hospital foundation.

9) Do you believe there is a need for the following services and would the community support them?

Geriatric psychiatric unit: Roughly half of those interviewed believed there was a need for this type of service in _____ County. Many cited the increasing number of elderly in the county, and this among other elderly services needs to be considered to keep pace with the changing health care needs of the area.

Subacute care: Defined: "Subacute programs serve patients who require care that is less intensive than acute care but more intensive than traditional nursing home care or home health care. It believed that 30-40 percent of patients in medical, surgical or rehabilitation hospital units can in less costly settings such as subacute care units." Given this definition, a strong majority believed there is a need for this type of service in _____ County. Many saw it as an excellent transition step between hospital acute care and home health care. Others thought it would cut down on the necessity of prematurely placing some elderly in nursing homes.

Nursing home: Most of the informants believed that there was adequate nursing home space, but many felt the quality of the existing nursing homes could be improved.

Alcohol and substance abuse center for low income: Most of the informants said there was a great need for such a service, but many were skeptical whether or not local residents would use it.

Kidney dialysis: Many recognized the hardship endured by local dialysis patients who must travel to _____ for this treatment, and from that perspective there is a

local need. However, most questioned whether there would be enough demand to support the cost of such a service.

10) For this question, informants were presented with 15 health care services. Each service title was printed on a 3x5 index card. They were instructed that they were to construct a health care system for _____ County using these cards. The informants were then told they had ten dollars to spend, and each card would cost them one dollar, so they had to base their decisions based on what they perceived were the most needed services. Once, they selected the ten services they perceived as most needed, they were asked to prioritize these ten. Once they completed this prioritization, they were then asked to prioritize the five services not purchased with their ten dollars.

For planning purposes, a score was assigned to each service based on how the informant ranked each service. The service given the highest priority was assigned 15 points; the second highest 14 points; and so on down to one point for the service receiving the lowest priority. The scores from each informants' prioritized list were then added together to determine each service's total score, creating a prioritized list of health care services based on the entire informant group's perspective. The services and rankings appear below in descending order of priority:

<u>SERVICE</u>	<u>SCORE</u>
Primary Care	299
Emergency Room	297
Acute Care	258
Obstetrical Care	199
Subacute Care	196
Home Health Care	189
Specialty Physician Services	165
Nursing Home	160
Hospital Outpatient Services	149

CT Scan	128
Hospice	108
Alcohol and Substance Abuse Treatment Center for Low Income	102
Geriatric Psychiatric Unit	92
Kidney Dialysis	91
Other (mixed: ICU, cancer treatment, etc.)	29

The informants' combined service rankings closely resemble what health system analysts and academia call the "hierarchy of health services," which appears below:

1. Emergency Medical Services
2. Public Health (a health system component not included as one of the choices in the informant's prioritization exercise)
3. Primary Care
4. Acute Care
5. Skilled Nursing (nursing homes, swing beds)
6. Secondary outpatient and inpatient
7. Tertiary outpatient and inpatient care

How deep the local health care system goes into this hierarchy is usually driven by the size of the health system's service area population and the non-operating fiscal resources available to the health system. The _____ County health care system reaches into the fifth level in the hierarchy and partially into the sixth level because of the presence of visiting specialists and supporting services for these specialists at _____ Hospital. Based on the comments of the informants, most in the community are not aware of the full range of services available locally and would be quite surprised at the depth and breadth of services (scope of services at each level in the hierarchy) available in the community and through _____ Hospital.

The prioritized list of services generated by the informants is extremely valuable from strategic and financial planning standpoints. For example, such a list provides the _____ Hospital board and administration direction on (1) what new

services _____. Hospital may wish to explore more carefully first, (2) what existing services should be preserved and, perhaps, bolstered, and (3) where to first expend limited resources. This list also can help the board and administration determine the “community acceptability” factor when making various scope of service decisions.

Perhaps the biggest surprise in the service rankings generated by the informants was the sub-acute care ranking -- ahead of nursing home, specialty care and home health. This service is currently not provided in the community, but, as mentioned, many saw this service as a step in the hierarchy between hospital acute care and nursing home and home health care. This seems surprising because sub-acute care is a relatively new concept, especially in rural areas, while some services ranked lower by informants are more common and familiar to the average person. The sub-acute care ranking suggests the community would find such a service not only acceptable but logical as well.

Focus Group Report

Senior Citizen Group

General Impressions: This group of six area senior citizens were very open with their comments and opinions. They all seemed very concerned about the well-being of the hospital. The report reflects the opinions and perceptions of all or the majority of the senior citizen focus group participants.

1) What do you think are the most important issues facing local health care services?

The group felt that keeping doctors in the community is the most important issue. They also expressed a strong concern about keeping _____ Hospital open, especially its emergency room. They said the elderly need care available locally because it is too great of a burden to travel to _____ for basic and maintenance health care. They also said the elderly prefer to be hospitalized locally if possible because they will be closer to family and friends -- visitors who help make the hospitalization a much more positive experience.

2) What are your general impressions of _____ Hospital? What do you think of the hospital in terms of quality of care, number of services, hospital staff, medical staff, appearance, and financial health?

The group described _____ Hospital as a very caring place, where the staff take a personal interest in the well-being of the patients. It provides a home-like atmosphere, friendly and warm.

Quality of care: The group described the care provided at _____ Hospital as good as or better than at hospitals in _____. They believed patients get more personal care. They like being cared for by friends and neighbors. "Friends caring for friends," as one participant put it.

Number of services: The group perceived the hospital as offering less services now than in the past. They believed this is because the hospital did much more surgery when Dr. _____ was active. They perceived the hospital has a lot of technology not being used such as ICU/CCU equipment. The group felt that seniors often believe they are too sick to be treated in _____, so they go to _____ thinking the level of care there will be higher. The group saw _____ Hospital as always trying to expand its services, but the group, as a whole, admitted to not being aware of the hospital's or local physicians' capabilities and scope of services.

Hospital staff: The group believed the staff here are qualified and very compassionate. They described the nursing staff as friendly, attentive and well trained. The group also mentioned _____ Hospital's administrator, _____. They perceived her to be a very capable administrator who cares deeply about the hospital and community.

Medical Staff: The group perceived Drs. _____ and _____ as very overworked, so they tend to refer many patients to _____. They felt the community needs several additional physicians. They also discussed Dr. _____'s and Dr. _____'s affiliations with _____ and said they would prefer the physicians use _____ Hospital when appropriate. The group was critical of the style and quality of care provided at _____ in _____. The group also discussed the two new physicians, Drs. _____ and _____. They have heard good things about them and perceived that these two physicians will use the hospital more. They felt the hospital needs to promote the new physicians and get the community to use them. Group members also expressed their positive feelings toward the visiting specialists and hoped the hospital has the facilities to enable these specialists to perform procedures in _____. Having specialized services, especially orthopedics and cardiology, available in _____ is a great need of the local elderly community.

Financial health of the hospital: The group expressed horrification over an article in the _____ *Press Reporter* about _____ Hospital being overpaid by Medicare and not making amends with Medicare right away. The story lead the group to believe the hospital knew about the overpayment but chose not to deal with it and, instead, let the debt to Medicare accumulate. They perceived the hospital business operations as a bit slack and criticized the patient billing services as being slow. The group believed the hospital is in fair financial shape, however, largely because of the home health program.

3) How important is it that _____ Hospital remain open? Why? How supportive is the community toward _____ Hospital?

The group felt the community "badly" needs the hospital and expressed their opinion that _____ Hospital is probably the most important thing to keep in the county. Its ability to provide emergency care and basic hospital care for the elderly were considered by the group the hospital's most important functions in the community. The group perceived the community as not very supportive of the hospital and not as supportive as it should be. They cited local residents' pension for going to _____ for health care services as evidence to this lack of community support.

4) If given a choice, is _____ Hospital your hospital of first choice? How about for the rest of the senior community and the community at large?

Group members provided mixed responses to the first question with part of the group saying "yes" and others saying "yes" but for basic services only. They were also mixed in their response to the second question. However, for this

question, they believed _____ Hospital is not the hospital of first choice for any level of care for a significant number in the community, including a portion of the senior community. The group believed a big factor in hospital choice was the physicians. The local physicians seem to refer most patients to _____. In addition, people perceive _____ Hospital as a first aid station or “old folks home.” These images discourage local utilization. The group said the lack of physicians has had an ill effect on the image of the hospital.

5) Regarding those folks who leave the community for health care, what do you think needs to be done to keep them local for their health care needs?

The group strongly believed the hospital needs to do all it can to promote the new physicians who, so far, are perceived to be good doctors. Similar to comments made by key informants, this group suggested the hospital use a “give us another try” theme approach to its promotions. The group felt the hospital needs to “radiate” a positive attitude and keep negative news about the hospital out of the newspaper. They believed the best place to start is with community leaders -- who they felt should set an example of loyalty to and support for the hospital.

6) What health care services not currently provided locally do you think need to be available locally?

The group expressed their appreciation for the visiting specialists and perceived podiatry, orthopedics, dermatology, cardiology, urology and gastroenterology as most needed by the elderly community.

7) What health care services that are available locally do think need improvement?

The group singled out nursing home care as an area of concern. They believed local nursing home care needs to be provided with higher quality. They perceived the nursing home caregiver staff as poorly trained and, sometimes, uncaring. They also believed the nursing homes are understaffed.

8) How should improvements and expansions in local health care services be paid for?

The group believed the community is comfortable with paying the current level of tax support for the hospital, but would resist an increase in taxes to pay for service improvements or expansions. They did feel, however, the community would approve increasing tax support for _____ Hospital if it were faced with closure.

9) Do you believe there is a need for the following services in the community?

Geriatric psychiatric unit. The group was uncertain if there is a need for such a service currently.

Subacute care facilities: The group thought such a unit or service makes sense and is needed by the senior community.

Nursing home: The group said the current nursing homes have adequate capacity to meet local demand but would like to see the quality of care at these nursing homes improved.

Kidney dialysis: The group perceived a need for such a service locally. One member of the group said _____ transports four or more patients to _____ three times a week for dialysis. The group believed traveling to _____ for dialysis was very hard, physically and emotionally, on dialysis patients.

Focus Group Interview

_____ *Hospital Department Heads*

General Impressions: The group of approximately 20 participants demonstrated a positive attitude throughout the session. Their comments and opinions regarding the hospital and its related components were mostly constructive. Despite the unconfidential nature of the interview, the group seemed very open, forthcoming and frank with their comments and opinions.

1. What do you think are the most important issues facing local health care services?

Group participants listed several issues they believed are the most important and pressing (not in priority order):

- keeping the hospital open
- availability of technology and the need to weigh the diagnostic value versus financial benefit
- not enough physicians
- lack of space
- lack of comprehensive, coordinated approach to service and facility development involving hospital staff and physicians in decision making

2. What are your general impression of _____ Hospital in terms of:

Quality of care: The group believes the quality care provided at _____ Hospital is excellent. Participants said patients tell them the style of caring at _____ Hospital is personal and friendly. It was the group's perception that _____ Hospital, faced with a tight budget, never makes cuts in patient care areas. The group believed residents with higher incomes and private insurance perceive _____ Hospital as providing less quality care than _____ facilities. The group also noted there are a lot of outdated and negative rumors about _____ Hospital's quality floating around the community, and these create many misconceptions about the quality of care currently provided by _____ Hospital.

Numbers of services: The group believed there was a need to improve and expand its diagnostic capabilities and follow-up services.

Medical staff: The group perceived the local physicians as good quality medical providers, but they sensed the community has some reservations about the

physicians who are foreign medical graduates, partly because of their communication and language skills. Some of the group felt local physicians would utilize _____ Hospital more and transfer less if _____ Hospital had more diagnostic capabilities. The group was split on its perceptions of the physicians' current willingness to use _____ Hospital. Some believed there is a workload and energy issue here. Given the medical staff is so shorthanded, the physicians must refer out simply to handle their clinic and coverage workloads. They all agreed all local physicians must demonstrate loyalty to the community, hospital and other local physicians by keeping as many referrals as possible local.

Facility: The group provided several examples of how the hospital lacked adequate space. The group also discussed the need to examine the cost-benefit of expanding the hospital's diagnostic capabilities. The group then discussed at length the facilities visual appearance. The group thought the looks of the hospital may portray a poor quality image. They believed the appearance is more acceptable to less traveled local residents, but residents who use _____ will make comparisons. However, once we treat a resident, the quality and style of care _____ Hospital provides generally erases any negatives the building's appearance implies. The group believed the hospital's appearance (and the first impression it gives) could be greatly improved from a simple "facelift" on the outside and by updated hallways and bathrooms.

Financial health of the hospital: The group perceived the financial health of _____ Hospital as bad. They said they are informed monthly about the poor financial status of the hospital, and this negatively impacts their morale. They are fearful of not getting paid and, ultimately, of losing their jobs. The group feared information about the hospital's poor fiscal health reaching line staff and creating panic, which may lead to good employees leaving. The group looked at itself, and many agreed they, as department heads, were not doing all they could to control expenses.

3. How important is it that _____ Hospital remain open? How supportive is the community toward _____ Hospital in helping it remain viable? Can and will the community do more to support the hospital if necessary?

The group agreed that it is very important that _____ Hospital remain open. They cited the distance to the next facility and the hazardous industries in the area as the most crucial reasons for maintaining local hospital services. The group saw the community as largely apathetic about the hospital's viability. They believed this apathy quickly abates once residents actually need the hospital. They felt the community is not adequately educated about the cost of care, how services are paid for and the difficulties involved in keeping a rural hospital open in today's environment. They believed, however, the community would rally to support the hospital if it was faced with closure.

4) Is _____ Hospital the hospital of first choice for the community?

The group believed _____ or _____ in _____ are the hospitals of first choice for most local residents with higher incomes and private insurance. They perceived many in the community want to stay local but the limited size, complexion (inadequate choice and perceived quality, skills and range of services) and referral patterns of the local medical staff discourage utilization of _____ Hospital. The group perceived many members of the community think the county carries the hospital, and, therefore, its survival is somewhat guaranteed.

The group also believed some residents see the hospital as poorly operated. The group feared residents may see the start and stop of services, physician turnover, and continual floor plan changes as indications of waste, instability and/or poor management. The group believed if key people in the community better understood health care finance, such criticisms about hospital management would disappear. Most of the group believed the hospital is well operated and managed.

5) Regarding those who leave the community for health care, what do you think needs to be done to keep them local for their health care needs?

The group immediately pointed to community leaders, and getting these people to use local health care services, as the key to increasing community-wide utilization. The group perceived most community leaders make statements of support, but most take their health care business to _____. Even business leaders who push “buy local” buy health care out of town. Finally, some of the group thought some current and former local physicians spoke negatively about the hospital and other members of the medical staff, which negatively affected public perception of _____ Hospital. The group thought the new physicians will help recapture some of the outgoing patients, if residents will give them a chance. The group was confident if _____ Hospital could stabilize and increase the number of physicians and services, most local residents would stay local for care.

6) What health care services not currently provided locally do you think need to be available in the community?

The group listed the following services:

- cardiology
- orthopedic surgery
- imaging -- CT scan, vascular Doppler
- kidney dialysis

-
- general surgery
 - oncology/chemo-therapy

The group also believed a concentrated effort or service to better inform the public about hospital services, capabilities, operations and changes need to be incorporated.

7) What health care services currently available locally do you think need improvement?

The group believed the hospital's obstetrical services would be greatly enhanced and become more attractive to the public if it had an anesthesia department able to do epidurals.

8) If you would like new services in the community or would like to see improvements in existing services, how could these be paid for? Are taxes a realistic option for helping to operate those new or improved services?

The group was generally at a loss when responding to this question. They thought a health care trust, foundation or some other structure that encourages planned giving and capital campaign development might be the best option. They believed other forms of fundraising offered limited funding assistance. The group was quite skeptical about increased tax support, unless it was an emergency. The group also looked inside hospital operations for resources needed to improve or expand services. They believed if the medical staff was held more accountable to DRGs, the hospital would enjoy greater financial freedoms.

3. Recommendations

This section presents recommendations for addressing those issues most frequently raised or considered highly significant by the key informants and focus groups.

Issue: Physician Recruitment and Retention

Recommendation: Address Barriers to Recruitment and Retention

Difficulty in recruiting and retaining quality medical staff members must be recognized as symptoms of underlying problems, and to successfully address the issue or symptom, we must concentrate on treating the deeper problems. We must also recognize that recruitment and retention are two related but distinct issues. The process of identifying and treating underlying problems to recruitment and/or retention starts by simply asking the question “why can’t we recruit and/or retain physicians?” This question should be posed to a group comprised of key stakeholders in recruitment/retention, including hospital administration, board, medical staff, key hospital and clinic managers, and, if appropriate, key community members.

The question will generate a list of possible causes to recruitment/retention difficulties. The group should then prioritize the list based on what the group perceives as the most serious problems. Once the list is prioritized, the group then develops one or more strategies for addressing each problem. For example, one of the reasons on the list will inevitably be “because we’re rural.” While this may seem to be an insurmountable problem to some, many rural communities successfully recruit and retain providers. A few proven strategies for addressing the “rural” barrier, include:

- identifying and marketing your opportunity to physician residency programs in the United States which emphasize rural medicine;
- developing your community as a rural preceptorship or rotation site for _____ residency programs;
- identifying local and rural _____ native medical students and residents and maintaining a rapport with them throughout their training;
- sponsoring a local resident through medical school and/or residency training, and
- concentrating recruitment efforts on candidates (and their spouses!) who have a rural backgrounds.

In this example, not only will you address the “rural” barrier to recruitment, you will be promoting retention before the physician actually begins practice in your community.

Recommendation: Develop a Medical Staff Development Plan

Obviously, before you actually need to ask the “why can’t we?,” question, you must first ask “do we need to recruit?” “Do we need additional physicians now or down the road?” This is the first question to ask in medical staff development planning. If the answer is “yes,” you then must determine what type(s) of physicians and how many. The needs assessment should serve as the guidepost for creating a primary care medical staff, including family physicians and midlevel providers. Future needs assessment should include population change projections, including changes in the age/sex segments of the population. In the case of _____ County, the population projections should track changes in the elderly population -- the single largest user group of health care services. The current needs assessment indicates the population could support _____ to _____ full-time primary care physicians. A viable full-time family physician practice consists of approximately 4,500-5,000 office visits per year. A viable physician assistant or nurse practitioner practice consists of approximately 3,500 visits per year. The assessment also suggests the need for a general surgeon. A word of caution regarding the needs assessment and the distribution of visits by specialty. While there appears to be enough visits to support a general internist, a pediatrician and ob/gyn, the presence of these types of primary care providers tends to erode the patient base of family physicians. Residency trained family physicians are usually capable of handling most general pediatric, internal medicine and ob/gyn cases.

One final and important point, it will be critical to the future stability and harmony of the medical staff to involve the two new physicians in current and future recruitment efforts. They must have a say in the type of physician and person recruited. By involving the physicians in identifying the ideal candidate and in candidate screening, _____ Hospital increases its chances of recruiting providers who will complement the skills of the existing physicians and their personalities. In other words, meaningful medical staff involvement will promote a team environment among medical staff members and between the hospital and medical staff, thus increasing retention and physician loyalty to other medical staff members and to the hospital.

Recommendation: Develop a retention plan for each medical staff member

Retention begins with recruiting physicians who most closely match the needs of the health care system and the personality of the community. To help locate a physician who best fits the system and community, an “ideal candidate” identification meeting can be used. Participants of the meeting should include hospital administrator, a few board members, medical staff members, key hospital department heads, and influential members of the community. Once the provider is recruited, there are a variety of retention-enhancing activities that can be implemented. The hospital should develop a retention plan for each valued member of the medical staff.

Issue: Patient Outmigration

Recommendation: Determine the extent of patient outmigration

An ICD-9 analysis shows the hospital utilization potential of the county. Obviously, _____ Hospital cannot provide all the services contained in the ICD-9 listing, but it does provide a wider range of services than the community perceives and, hence, is underutilized. After reviewing the ICD-9 analysis, determine the services _____ Hospital does provide inside each code. Then, refer to actual hospital utilization records for the last two years to determine the number of discharges in each code area. The difference between _____ Hospital’s actual and the ICD-9 analysis of the county’s represents an approximation of the percentage of local resident outmigration for hospital services they could have received locally.

Recommendation: Identify and address those issues discouraging local residents from using the _____ Hospital and its medical staff.

From the key informant and focus group interviews, it is very obvious the community is not aware of the range of services provided the _____ Hospital and its medical staff. Research of over 60 rural health systems demonstrated that the greatest users of the local rural health care system were those who rated their knowledge of local services as “good” or “excellent.” In other words, the better they know you, the more likely they are going to use you. And one of the best ways to educate the community about hospital and medical staff services is through community involvement. Numerous key informant and focus group members believed the best way to improve the resident’s knowledge and to regain community trust and confidence in the hospital was through involvement.

In the recruitment and retention recommendations section, a process for including the community in identifying the “ideal candidate” was described. This is an outstanding method for involving the community in an important hospital activity while educating the community about new physicians before they even

begin their practice. Another way to involve the community is in hospital image development, which will be discussed in the community relations recommendations section. In addition, there is a simple process _____ Hospital can use to confront the outmigration issue head on.

The process starts with creating a Community-Hospital Partnership (CHP). The partnership is actually a community-based task force comprised of a few key hospital representatives and representatives of key sectors of the community. These community representatives should be recognized as leaders of their particular community sector. Many of these may have been key informants who contributed to this report. The group should include users and non users of local health care services. The charge of this task force is two-fold: (1) identifying reasons why residents go to _____ for hospital and physician care they could receive in _____ and (2) developing ways to address those reasons.

To recruit CHP members, first identify the key sectors of the community then identify one or more recognized leaders of those sectors. Second, before you begin recruiting these leaders, determine and list the reasons why the success of _____ Hospital is important to each leader's sector (or the impact a hospital closure would have on their sector). This is known as a stakeholder analysis. Third, meet with each leader individually to recruit them to the CHP. In your recruitment pitch, you will want to use the list of reasons generated in the stakeholder analysis and emphasize to them that this is a task force with a limited time commitment and specific focus. If they cannot or will not volunteer, ask them for the names of others in their sector who may be interested and recruit one of them.

Once the CHP is formed, an organization meeting needs to be held. This meeting will be used to discuss the purpose of the CHP, make assignments and educate CHP members about hospital and medical services and issues challenging the hospital. You explain to the CHP that their purpose is very simple. They will ask the community essentially one question to determine how to get residents to stay local for hospital and physician services. To fulfill its purpose, CHP members will carry out the following:

Forming and interviewing the Select 10. This involves each CHP member to recruiting ten people from their sector and asking each person essentially one question: "How can we get you and other members of the community to stay local for hospital and physician services?" In answering this question, the Select 10 member will supply the CHP two pieces of information: why people leave and potential ways of keeping them from leaving. In addition, during their Select 10 interviews, CHP members will have the opportunity to educate each Select 10 member about hospital and medical staff services and address common misconceptions about _____ Hospital and its physicians. Once CHP members complete all their interviews, the entire CHP will meet and each CHP member will present the list of responses from his/her Select 10.

The entire CHP, as a group, then prioritizes all the Select 10 responses based on (1) feasibility (can we address this reason or implement the suggested way to keep people local?) and (2) plausibility (if we do address this reason or implement this suggestion, will it help keep people local?). Once the list is prioritized, the CHP will generate strategies for improving local utilization based on the prioritized comments. The result will be a written local utilization improvement plan.

To involve even more local residents in this process, _____ Hospital may want to use the CHP to facilitate a community-wide goal setting meeting. This involves inviting the entire community to a structured public brainstorming meeting. During this meeting, the participants are asked three questions: (1) What do you like about local hospital and physician care/services? (2) What do you dislike about local hospital and physician care/services? (3) How can we keep you local for health care services? The end result is a prioritized list of suggestions for improving local utilization.

Once the CHP develops the local utilization improvement plan, the CHP has completed its purpose and the task force sunsets. At this time, however, you can ask if any of the CHP members would be interested in helping to implement one or more strategies. Regardless, once the CHP completes the plan, the CHP has completed its function and the task force sunsets. _____ Hospital will want to keep each former CHP apprised of progress as a matter of politeness and appreciation and for the purpose of ongoing education and involvement.

Issue: Image and Community Relations

Recommendations: Develop and implement a community relations plan built around the new physicians and promoting a new era of care.

Many of the key informants and focus group members expressed a degree of excitement about the new young and well-trained physicians recently recruited. This may present an opportunity for _____ Hospital to redefine its image and build or rebuild public confidence in and loyalty to _____ Hospital and its medical staff. The new physicians could be thought of as a fresh start or new era for _____ Hospital and local physician services, and positive change is always fertile ground for public relations and marketing.

Regardless of the community relation or marketing theme, it is important the theme or message be consistent and controlled. And consistency and control are best achieved through the development and implementation of a written, coordinated community relations campaign and budget. Many rural hospitals engage in piecemeal community relations and marketing. Most typically, ads or press releases are used to promote a service or special event, and little thought is given to how each ad or press release affect and contribute to a larger public relations/marketing goal and how they can be used to build upon other marketing and community relations activities.

One important additional note here: When promoting _____ Hospital and local physician services, information about the services must be presented in laypersons terms. Health is filled with technical jargon -- a language that, for most of the general public, is very foreign.

Recommendation: Assess the hospital/medical staff image

Community relations planning begins with an "image audit." The image audit identifies the difference between the hospital's ideal community image and its real image -- as seen through the eyes of the community. The image audit is a simple process that includes the following steps:

1. As a group, key hospital staff members, board members and medical staff members clearly define the image they want to present to the community. This typically results in a list of adjectives such as: caring, professional, friendly, etc. The group then prioritizes these adjectives, which are actually desired attributes, based on what they believed will most instill a sense of confidence in and loyalty to the hospital among members of the community.
2. The group then generates a list of all of the parts of the organization to which the community is exposed. This list will contain items most hospitals overlook when developing community relations efforts designed to enhance their images.
3. A group of community members, representing each adult age/sex category and different community sectors, is recruited to review those parts of the organization to which the public is exposed and tell a hospital representative, through adjectives, what image each part presents to them.

If the community-perceived image deviates from the hospital group's desired image, then that part of the organization needs to be changed to better reflect the image the hospital wishes to present.

The image audit exercise not only provides the hospital a consumer-drafted blueprint for constructing a community relations and image building campaign, it provides the community another opportunity to participate in an important hospital function, which, in itself, is a community relations activity.

Recommendation: Promote the medical staff and hospital choice

Most of those interviewed were correct in saying hospital referrals are physician driven. With this in mind, the hospital's community relations and marketing efforts should promote each active and loyal member of the medical staff. Promotional and publicity messages about each physician should include services offered by each physician, professional credentials and his/her personal interests and attributes that are consistent with the community's "personality" and values.

Many of those interviewed were patients of local physicians or visiting physicians who mostly refer to _____ hospitals. Some thought should be given to a public education effort designed to inform residents that they have a choice -- that they can ask their local physician if a prescribed service or treatment can be provided by _____ Hospital or one of its medical staff members before agreeing to be treated in _____.

Issue: Updating technology and remodeling the facility

Recommendation: Develop a long-range facilities development plan

There were many comments about the facility's appearance, floorplan changes and equipment. If the informants' and focus groups' perceptions are accurate, then it seems _____ Hospital facility development is largely project-driven. A comprehensive facility planning process will help _____ Hospital anticipate future facility and technology needs, develop facility and technology priorities, and create a facilities budget.

The most effective facility development plans start with the formation of a facility development committee of the board. Successful plans also involve key hospital personnel. One approach to involving key hospital personnel is the wish list. With a clear understanding that their wishes may not be granted, each department head and medical staff member is asked to develop a prioritized list of current and future facility remodeling and technology needs. They are also asked to complete a cost-benefit analysis for high priority items on their lists. The benefit analysis includes the income producing potential of the item and a justification of need. The wish lists along with the cost-benefit analyses are used by the board committee as a foundation for the facility development plan. The board can then create annual facility goals, budgets and financing strategies. The wish list approach is not only a valuable needs assessment process, it also sensitizes department heads and medical staff members to cost.

Issue: Sub-acute care

Recommendation: Examine the feasibility of developing a subacute care unit at _____ Hospital

A surprising number of informants and focus group members expressed positive comments about the sub-acute care concept and perceived there may be a local need for such a unit. A feasibility analysis should be conducted to determine the cost and benefit of such a unit.

The feasibility analysis for a sub-acute care unit should take into account clinical, regulatory, space and financial considerations.

Some thought, however, should be given to delaying the development of new services until the new physicians are fully integrated into the system. Integrating new physicians takes a great amount of attention and time and, if not done,

properly could prolong the patient base and referral development process and, possibly, alienate the physicians from the hospital.

Issue: Strategic business unit (new services) and planning

Recommendation: Board and key hospital and medical staff members jointly develop and implement a strategic and long-range plan for _____ Hospital

The new physicians will bring change to the organization and perhaps new service opportunities, which will require planning. In addition to the new physicians, the hospital needs to address several other issues, including issues raised in this report and in _____ financial operations assessment. A structured planning session provides the board and staff an opportunity to sort through, discuss and prioritize the issues, set goals, establish timelines. A well constructed plan will organize _____ Hospital's activities based on an agreed upon set of priorities and will serve as a guidepost for hospital resource allocation and annual budget development.

Issue: Other concerns raised by the interview participants

Recommendation: Examine more carefully and address, if necessary, other key concerns or suggestions of the participants

The key informants and focus group participants raised several other issues or concerns that are worthy of closer examination. These include (not in priority order):

- hospital billing and claims processing
- keeping pace with the health care needs of an increasing elderly population
- hospital staff size
- stressing to the community the economic value of the hospital to the community
- improving the perception of LPNs and hospital staffing patterns as it relates to the RN:LPN staff ratio
- assessing the feasibility of providing kidney dialysis locally
- determining what impact the _____ merger will have on Dr. _____ referral patterns and other utilization and scope of service issues. The key question here seems to be: Will the merged organization reflect the _____ or _____ rural network development philosophy?

Appendix C

WHO ARE KEY STAKEHOLDERS?

The following is a listing of individuals that would be considered key stakeholders.

Retail Trade

Examples: Chamber of Commerce member or director, progressive or leading merchant, etc.

Local Government (City, County)

Examples: Law enforcement, fire department, office directors, etc.

Elected Officials

Examples: Mayor, County Commissioner, City Council Member, County Clerk, etc.

Agriculture

Examples: Large farm/ranch owners, small farm/ranch owners, etc.

Education

Examples: School superintendent, principal, or teachers, etc.

Health Care

Examples: Physicians, hospital administration, key hospital employees, hospital board members, dentists, ambulance personnel, public health nurse, social workers, etc.

Religion

Examples: Pastors, deacons, priests, etc. from major religious groups

Industry

Examples: Owner/operators of mining, timber, or manufacturing companies

Major Employer

Examples: Owner/operator of largest employer in service area

Media

Examples: Local newspapers, radio or television station representatives

Seniors

Examples: Manager/director of local senior citizens center, Meals on Wheels, or AARP representative

Identifiable Minorities

Examples: Representatives from large Hispanic population.

Service Clubs

Examples: Members from Rotary Clubs, Women's Auxiliary Clubs, Sewing Circles, etc.

When developing a list of key stakeholders, try to identify a minimum of one individual within each sector for each community involved. These individuals must be willing to commit one to one and a half hours for a private interview.

Appendix D

[illegible]

Appendix E

SAMPLE SCRIPT FOR TALKING WITH KEY STAKEHOLDERS

Hello, my name is _____. I am calling on behalf of _____ and the _____, who are jointly working on assessing local area needs. The purpose of this project is to assess the health care needs of the individuals within this service area, assist the hospital in assessing internal issues, and developing a strategic plan that meets the needs of the local citizenry. We will be seeking input from local area residents in several ways. First, 25 to 40 key stakeholders will be interviewed to solicit their comments about health care in this area. Then at least four focus groups will be formed representing the Hispanic population, seniors, the business sector, and the religious communities to solicit their comments about health care. Today, we are identifying key individuals within this service area who would be willing to share their ideas, thoughts, and perspectives about health care in this area. I am calling to see if you would be willing to spend one to one and a half hours maximum talking with _____. He will be using a predefined set of questions that you will be asked regarding health care. This interview is completely confidential. No names will ever be associated with individual comments. The report that will be prepared will include a summary of comments and will report any trends or issues that may be shared by others. Your honest, thoughtful perspectives are welcome and should help _____ better serve your needs. What day and time would be best for you? I have the following openings: (check schedule and see what is available). I'll put you down for _____ at _____ o'clock (AM/PM) at _____(location). Thank you for your interest and if for any reason you will not be able to keep the scheduled appointment, please call me at _____ and we'll try to reschedule.

Appendix F

KEY INFORMANT INTERVIEW SCHEDULE
FOR WEEK OF: _____
INTERVIEWER: _____

DAY	TIME	LOCATION	NAME OF INTERVIEWEE	PHONE NUMBER
Monday	8:30 AM			
	10:00 AM			
	1:00 PM			
	2:30 PM			
	4:00 PM			
Tuesday	6:30 PM			
	8:30 AM			
	10:00 AM			
	1:00 PM			
	2:30 PM			
Wednesday	4:00 PM			
	6:30 PM			
	8:30 AM			
	10:00 AM			
	1:00 PM			
Thursday	2:30 PM			
	4:00 PM			
	6:30 PM			
	8:30 AM			
	10:00 AM			
Friday	1:00 PM			
	2:30 PM			
	4:00 PM			
	6:30 PM			
	8:30 AM			